

### REQUEST FOR CONTINUED EXAMINATION (RCE) **TRANSMITTAL**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 23, 2006.

Application Number:

09/650,482

Confirmation No. 8579

Filing Date Inventor(s) August 29, 2000

Eric K. Steen, et al.

Title

SYSTEM AND METHOD FOR PHARMACY ADMINISTRATION

Group Art Unit

3624

Examiner Name

Ella Colbert

Docket No.

35588/K163

Date: January 23, 2006

### MAIL TO: Mail Stop RCE

This is a Request for Continued Examination (RCE) under 37 CFR § 1.114 of the aboveidentified application.

This application is **not** an application of the kind specified in 37 CFR § 1.114(e).

I. Int	E STATUS	OF THE	APPL	LICAI	ION	12	1 CH	OLLO	W 2
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a.	Pending (no review proceedings active)
	(1) An Action was mailed by the Office on <u>December 21, 2004</u> , as to which no
	appeal under 37 CFR § 1.191 has been filed and
	a response under 37 CFR § 1.116 was mailed on
	via Express Mail
	with certificate of mailing under 37 CFR § 1.8
	that Action was a Final Rejection, the finality of which is to be
	withdrawn by this Request
	an appeal or civil action under 35 U.S.C. 141,145 or 146 has been
	terminated
	(2) Allowed: the Notice of Allowance was mailed by the Office on
	the Issue Fee has not been paid the Issue Fee has been paid and a petition under 37 CFR § 1.313 was §
	the Issue Fee has been paid and a petition under 37 CFR § 1.313 was
	granted on
b.	granted on  X Pending (with review proceeding active) An appeal under 37 CFR § 1.191 has been filed. Applicant(s) hereby
	An appeal under 37 CFR § 1.191 has been filed. Applicant(s) hereby
	withdraw that appeal and request reopening of the prosecution of the
	application.
	withdraw that appeal and request reopening of the prosecution of the application.  Page 1 of 3
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#### **Application No. 09/650,482**

) .	SU	JBMISSION(S) REQUIRED (check at least one)	
	a.	Previously submitted	
		Consider the amendments/reply under 37 CFR § 1.116 previously filed on	
		Consider the arguments in the Appeal or Reply Brief previously filed on	
		Other:	
	b.	Enclosed	
		X Amendment/Reply	
		Affidavit(s)/Declaration(s)	
		Information Disclosure Statement	
		Documents under 37 CFR § 1.48	
		X Petition for Extension of Time	
		Other:	

The Examiner is requested to telephone the undersigned promptly following receipt and initial review of the application in light of the Submissions(s) for the conduct of, or the scheduling of, a telephone interview in the application.

Please direct all correspondence to CUSTOMER NUMBER 23363. Direct telephone calls to 626/795-9900, CHRISTIE, PARKER & HALE, LLP, P.O. Box 7068, Pasadena, CA 91109-7068.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

Wesley W. Monroe

Reg. No. 39,778

626/795-9900

WWM/mac

# REQUEST FOR CONTINUED EXAMINATION (RCE) FEE CALCULATION SHEET

### **Application No. 09/650,482**

PART I — BASIC FEE					
DACIC FEE	Small Entity \$395.00	Large Entity \$790.00	\$790		
BASIC FEE	3393.00	\$790.00	\$790		

PART II — ADDITIONAL CLAIMS (compared to application before RCE)							
	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE	
Total Claims	27	*40		x \$25.00	x \$50.00		
Independent Claims	1	**3		x \$100.00	x \$200.00		
First Presenta	First Presentation of Multiple Dependent Claim \$180.00 \$360.00						
TOTAL CLA	TOTAL CLAIMS FEE						
List Independent Claims: 1							

<sup>\*</sup> IF THE "HIGHEST NUMBER OF TOTAL CLAIMS PREVIOUSLY PAID FOR" IS LESS THAN 20, WRITE "20" IN THIS SPACE.

- 1. FEES (The RCE fee under 37 CFR § 1.17(e) is required by 37 CFR § 1.114 when the RCE is filed.)
  - a. Amount (total from Fee Calculation Sheet) A check for \$790.00 is enclosed.
  - b. X The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required for this transaction to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A duplicate copy hereof is enclosed.

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<sup>\*\*</sup> IF THE HIGHEST NUMBER PREVIOUSLY PAID OR IS 3 OR LESS, WRITE "3" IN THIS SPACE.